



Statewide Health Care Core Measure Set
Technical Work Group on Chronic Measures
Meeting #3: Thursday, August 7, 2014
9:00 – 11:00 am
Meeting Summary

| Agenda Item | Summary of Workgroup Activity and/or Action(s) |
|---|---|
| I. Welcome and Introductions | Susie Dade, Deputy Director of the Washington Health Alliance welcomed the group. Workgroup members introduced themselves. Meeting attendance is recorded on page three of this meeting summary. The slide deck for this meeting is available upon request; please contact Susie Dade at sdade@wahealthalliance.org |
| II. Review of Measure Selection Process | <p>Michael Bailit reviewed the measure selection process that the workgroup will use which includes the following steps:</p> <ol style="list-style-type: none">1. Use worksheet to consider all measures in the measure library by category:<ul style="list-style-type: none">• Asthma• COPD• Depression• Diabetes• Drug and alcohol use• Functional status• Hypertension and CVD• Medication management and generic use• Other2. Discuss any non-aligned measures “nominated” by members of the workgroup for discussion.3. Discuss whether to include nominated measures (yes/no/maybe).4. Review the “maybe” measures and evaluate as “yes” or “no”.5. Review entire list to assess for criteria fit and consider the need for any reshaping (chronic set not to exceed 15). |
| III. Measure Review Process | See results from this discussion starting on page four of this meeting summary. |

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| <p>IV. Next steps and wrap-up</p> | <p>In preparation for future discussions, staff will:</p> <ul style="list-style-type: none"> a. Determine the reason that NCQA is considering retiring NQF 0577 (Measure #119) and share with the work group. b. Investigate whether there is a standard measure that assesses whether patients with one or more chronic disease diagnoses have been screened for depression c. Determine which of the three work groups should consider all of the substance abuse measures. d. Identify additional claims-based substance abuse measures for work group consideration. e. Assess the feasibility of measurement of Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET) (NQF 0004). <p>In addition, staff will convey the work group's following recommendations to other work groups:</p> <ul style="list-style-type: none"> f. The Acute Work Group should strongly consider the inclusion of the Ambulatory Care-Sensitive Condition Hospital Admissions: Chronic Obstructive Pulmonary Disease (PQI 05) (Measure #134) since it is a marker of quality chronic care. g. The Acute Work Group should strongly consider the inclusion of the Ambulatory Care Sensitive Condition Hospital Admissions: Asthma in Younger Adults (PQI 15) (Measure #136) since it is a marker of quality chronic care. h. The Acute Work Group should strongly consider the inclusion of an ER-related asthma measure. i. The Prevention Work Group should strongly consider including a depression screening measure as well as either a specific measure that looks at depression screening among patients with one or more chronic disease diagnoses or the stratification of a depression measure for persons with multiple chronic diseases. j. The Prevention Work Group should strongly consider endorsing an SBIRT measure. <p>At the next meeting we will review the measures that were categorized as "maybe" at today's meeting. We will then continue the review of the remaining measures by topic area. Work Group members should email any measures recommended for work group consideration feedback to Michael Bailit at mbailit@bailit-health.com by August 12.</p> <p>The next workgroup meeting is scheduled for Friday, August 22, from 9:00 – 11:00 am.</p> |
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August 7, 2014 Attendance/Committee members:

| Committee Member | Organization | ATTENDED in Person | ATTENDED by Phone | DID NOT ATTEND |
|------------------|----------------------------------|-----------------------|----------------------|-------------------|
| Christopher Dale | Swedish Health Services | X | | |
| Stacey Devenney | Kitsap Mental Health Services | X | | |
| Erin Hafer | Community Health Plan of WA | X | | |
| Kimberley Herner | UW/Valley Medical Center Network | X | | |
| Jutta Joesch | King County | | | X |
| Dan Kent | Premiera Blue Cross | | X | |
| Julie Lindberg | Molina Health Care of WA | X | | |
| Paige Nelson | The Everett Clinic | X | | |
| Kim Orchard | Franciscan Health System | X | | |
| Larry Schecter | WA State Hospital Association | X | | |
| Julie Sylvester | Qualis Health | X | | |

Attendance/Staff:

| Name | Organization |
|------------------|---|
| Susie Dade | Washington Health Alliance |
| Teresa Litton | Washington Health Alliance |
| Laura Pennington | WA State Health Care Authority |
| Alice Lind | WA State Health Care Authority |
| Michael Bailit | Bailit Health Purchasing, LLC (telephone) |
| Kate Bazinsky | Bailit Health Purchasing, LLC (telephone) |

Attendance by Phone/Other (Public):

Jenny Arnold, Washington State Pharmacy Association

BJ Cavnor

Jody Daniels, GlaxoSmithKline

Kristina Hermach, Bristol-Myers Squibb/ZymoGenetics

Jeff Rochon, Washington State Pharmacy Association

Scott Sigmon, Sigmon Public Affairs

Beverly Stewart, American Lung Association of the Mountain Pacific

Anne Stone, Washington Chapter American Academy of Pediatrics

August 7, 2014

The following measures have been reviewed by the workgroup and considered **YES** (n=7). This list is a running tally of decisions made to date.

| Identifier (#) | Name of Measure | NQF # | Steward | Category | Data Source | Measure Description | Comments |
|----------------|---|-------|---------|------------|-------------|--|--|
| 116 | Use of Appropriate Medications for Asthma (ASM) | 0036 | NCQA | Asthma | Claims | Percentage of patients 5-64 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement period. | |
| 119 | Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR) | 0577 | NCQA | COPD | Claims | The percentage of patients 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis. | NCQA is considering retiring the measure, but it has not yet been retired. |
| 13 | Anti-depressant Medication Management (AMM) | 0105 | NCQA | Depression | Claims | Percentage of patients 18 years of age and older who were diagnosed with major depression and treated with antidepressant medication, and who remained on antidepressant medication treatment. Two rates are reported. | |
| 31 | Comprehensive Diabetes Care: Eye Exam | 0055 | NCQA | Diabetes | Claims | Percentage of patients 18-75 years of age with diabetes who had a retinal or dilated eye exam by an eye care professional during the measurement period or a negative retinal exam (no evidence of retinopathy) in the 12 months prior to the measurement period | |
| 37 | Comprehensive Diabetes Care: Medical Attention for Nephropathy | 0062 | NCQA | Diabetes | Claims | The percentage of patients 18-75 years of age with diabetes who had a nephropathy screening test or evidence of nephropathy during the measurement period. | |
| 34 | Comprehensive Diabetes Care: Hemoglobin A1c testing | 0057 | NCQA | Diabetes | Claims | The percentage of members 18-75 years of age with diabetes (type 1 and type 2) who received an HbA1c test during the measurement year. | Small opportunity for improvement, but still important |

August 7, 2014

The following measures have been reviewed by the workgroup and considered **YES** (n=7). This list is a running tally of decisions made to date.

| Identifier (#) | Name of Measure | NQF # | Steward | Category | Data Source | Measure Description | Comments |
|----------------|--|-------|----------------------------|---------------------------------------|-------------|--|---|
| 92 | Pharmacy: Percent Generic (one rate for each: Antacid, Antidepressants, Statins, ACE and ARBS, ADHD) | NA | Washington Health Alliance | Medication Management and Generic Use | Claims | <ul style="list-style-type: none"> • Percentage of Generic Prescriptions for ACE inhibitors or angiotensin II receptor blockers (ARBs). • Percentage of Generic Prescriptions for attention deficit hyperactivity disorder (ADHD) Medications • Percentage of Generic Prescriptions for PPIs (proton pump inhibitors) • Percentage of Generic Prescriptions for SSRIs, SNRIs, and other Second Generation Antidepressants • Percentage of Generic Prescriptions for Statins | There are five measure components. The work group will discuss later if it should include all five, and whether to consider the measure as one or more than one measure (based on the number of included components). |

August 7, 2014-- The following measures have been reviewed by the workgroup and considered **MAYBE** (n=3):

| Identifier (#) | Name of Measure | NQF # | Steward | Category | Data Source | Measure Description | Comments |
|----------------|--|-------|---|---|-------------|--|--|
| 65 | Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET) | 0004 | NCQA | Drug and Alcohol Use | Claims | <p>The percentage of adolescent and adult patients with a new episode of alcohol or other drug (AOD) dependence who received the following.</p> <ul style="list-style-type: none"> - Initiation of AOD Treatment: Percentage of patients who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis - Engagement of AOD Treatment: Percentage of patients who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit | The Alliance is to assess the feasibility of measurement, as it requires linking DSHS and Medicaid Managed Care data to capture chemical dependency provider visits. Staff will identify any additional claims-based substance abuse measures for work group consideration. Finally, In addition, staff will determine which of the three work groups should consider all of the substance abuse measures. |
| 18 | ASCVD: Use of Statins | NA | American College of Cardiology & American Heart Association | Hypertension and Cardiovascular Disease | Claims | Cholesterol-Lowering Medication for Patients with Coronary Artery Disease | |

August 7, 2014-- The following measures have been reviewed by the workgroup and considered **MAYBE** (n=3):

| Identifier (#) | Name of Measure | NQF # | Steward | Category | Data Source | Measure Description | Comments |
|----------------|---|-------|---------|---|--------------------------|--|----------|
| 27 | Cholesterol Management for Patients with Cardiovascular Conditions (LDL-C Screening)) (CMC) | NA | NCQA | Hypertension and Cardiovascular Disease | Claims and Clinical Data | The percentage of members 18–75 years of age who were discharged alive for AMI, coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year, who had each of the following during the measurement year: • LDL-C screening. | |

August 7, 2014-- The following measures have been reviewed by the workgroup and considered **NO**. These measures will be excluded from further consideration:

| Identifier (#) | Name of Measure | NQF # | Steward | Sub Domain | Data Source | Measure Description | Comments |
|----------------|------------------------------|-------|----------|------------|--------------------------|--|--|
| 172 | Asthma Pharmacologic Therapy | 0047 | AMA-PCPI | Asthma | Claims and Clinical Data | <p>Percentage of patients aged 5 through 64 with a diagnosis of persistent asthma who were prescribed long term control medication; three rates are reported for this measure:</p> <ol style="list-style-type: none"> 1. Patients prescribed inhaled corticosteroids (ICS) as their long term control medication 2. Patients prescribed other alternative long term control medications (non-ICS) 3. Total patients prescribed long-term control medication | Requires clinical data and using claims data only is likely to result in under-reporting and would not allow for a comparison with national benchmarks |

August 7, 2014-- The following measures have been reviewed by the workgroup and considered **NO**. These measures will be excluded from further consideration:

| Identifier (#) | Name of Measure | NQF # | Steward | Sub Domain | Data Source | Measure Description | Comments |
|----------------|---|-------|---------|------------|--------------------------|---|--|
| 173 | Suboptimal Asthma Control (SAC) and Absence of Controller Therapy (ACT) | 0548 | #N/A | Asthma | Claims and Clinical Data | Rate 1 (SAC): The percentage of patients aged 5-50 years as of the last day of the measurement year with persistent asthma who were dispensed more than 3 canisters of a short-acting beta2 agonist inhaler during the same 90-day period. Rate 2 (ACT): The percentage of patients aged 5-50 years as of the last day of the measurement year with persistent asthma who were dispensed more than 3 canisters of short acting beta2 agonist inhalers over a 90-day period and who did not receive controller therapy during the same 90-day period. | Requires clinical data and using claims data only is likely to result in under-reporting and would not allow for a comparison with national benchmarks |
| 174 | Relative Resource Use for People with Asthma | 1560 | NCQA | Asthma | Claims | The risk-adjusted relative resource use by health plan members with asthma during the measurement year. | The measure is designed to be used at the plan level. Because it hasn't been used at the provider group level, the group rejected the measure. |

August 7, 2014-- The following measures have been reviewed by the workgroup and considered **NO**. These measures will be excluded from further consideration:

| Identifier (#) | Name of Measure | NQF # | Steward | Sub Domain | Data Source | Measure Description | Comments |
|----------------|---|---------------------------|----------|------------|--------------------------|--|---|
| 187 | Asthma: Assessment of Asthma Control | 0001 | AMA-PCPI | Asthma | Claims and Clinical Data | Percentage of patients who were evaluated during at least one office visit for the frequency (numeric) of daytime and nocturnal asthma symptoms | Requires clinical data and using claims data only is likely to result in under-reporting and would not allow for a comparison with national benchmarks |
| 91 | Pharmacotherapy Management of COPD Exacerbation (PCE) | 0549 (no longer endorsed) | NCQA | COPD | Claims | The percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1–November 30 of the measurement year and who were dispensed appropriate medications. Two rates are reported: 1. Dispensed a systemic corticosteroid within 14 days of the event. 2. Dispensed a bronchodilator within 30 days of the event. | No longer endorsed by NCQA. No significant opportunity for improvement |
| 178 | COPD: spirometry evaluation | 0091 | AMA-PCPI | COPD | Claims and Clinical Data | Percentage of patients aged 18 years and older with a diagnosis of COPD who had spirometry results documented | Requires clinical data and using claims data only is likely to result in under-reporting and would not allow for a comparison with national benchmarks. |

August 7, 2014-- The following measures have been reviewed by the workgroup and considered **NO**. **These measures will be excluded from further consideration:**

| Identifier (#) | Name of Measure | NQF # | Steward | Sub Domain | Data Source | Measure Description | Comments |
|----------------|--|-------|--------------------------|------------|--------------------------|--|---|
| 179 | COPD: Bronchodilator Therapy | 0102 | AMA-PCPI | COPD | Claims and Clinical Data | Percentage of symptomatic patients with COPD who were prescribed an inhaled bronchodilator | Requires clinical data and using claims data only is likely to result in under-reporting and would not allow for a comparison with national benchmarks. |
| 183 | Management of Poorly Controlled COPD | 1825 | ActiveHealth Management | COPD | Claims and Clinical Data | The percentage of patients age 18 years or older with poorly controlled COPD, who are taking a long acting bronchodilator. | Requires clinical data and using claims data only is likely to result in under-reporting and would not allow for a comparison with national benchmarks. |
| 128 | Mental Health Penetration | NA | Washington State-Defined | Depression | NA | Percent of adults identified as in need of mental health treatment where treatment is received during the measurement year | Not a true access measure. Unsure how the data would be captured at this point. State may be collecting data on DSHS population. |
| 131 | Suicide and Drug Overdose Mortality Rates | NA | Washington State-Defined | Depression | NA | Age-adjusted rate of suicide per 100,000 covered lives | |
| 36 | Comprehensive Diabetes Care: LDL-C Screening | 0063 | NCQA | Diabetes | Claims | The percentage of members 18-75 years of age with diabetes (type 1 and type 2) who received an LDL-C test during the measurement year. | NCQA is dropping this measure from the HEDIS measure set. Guidelines have changed. |

August 7, 2014-- The following measures have been reviewed by the workgroup and considered **NO**. These measures will be excluded from further consideration:

| Identifier (#) | Name of Measure | NQF # | Steward | Sub Domain | Data Source | Measure Description | Comments |
|----------------|---|-------|--------------------------|------------|--------------------------|--|--|
| 32 | Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%) (CDC) | 0575 | NCQA | Diabetes | Claims and Clinical Data | The percentage of members 18-75 years of age with diabetes (type 1 and 2) whose most recent HbA1c level is <8.0% during the measurement year | Put NQF#0059 on parking lot for future measure set (Poor Control >9.0%) |
| 35 | Comprehensive Diabetes Care: LDL-C Control <100 mg/dL | 0064 | NCQA | Diabetes | Claims and Clinical Data | Percentage of patients 18-75 years of age with diabetes whose LDL-C was adequately controlled (<100 mg/dL) during the measurement period. | Consider statin measure as an alternative. LDL guideline changed. |
| 185 | Diabetes Mellitus and Medication Possession Ratio for Chronic Medications | 0545 | CMS | Diabetes | Claims and Clinical Data | The measure addresses adherence to three types of chronic medications; statins, angiotensin converting enzyme inhibitors (ACEIs)/angiotensin receptor blockers (ARBs) and oral hypoglycemic agents. The measure is divided into three submeasures. | |
| 184 | Optimal Diabetes Care | 0729 | MN Community Measurement | Diabetes | Claims and Clinical Data | The percentage of adult diabetes patients who have optimally managed modifiable risk factors (A1c, LDL, BP, tobacco non-use and daily aspirin usage for patients with diagnosis of ischemic vascular disease) | Work Group recommendation to consider a national control composite measure in the future when a reportable measure exists. |

August 7, 2014-- The following measures have been reviewed by the workgroup and considered **NO**. These measures will be excluded from further consideration:

| Identifier (#) | Name of Measure | NQF # | Steward | Sub Domain | Data Source | Measure Description | Comments |
|----------------|--|-------|----------|------------|--------------------------|--|--|
| 196 | Diabetes: Foot Exam | 0056 | NCQA | Diabetes | Clinical Data | The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) who received a foot exam (visual inspection with either a sensory exam or a pulse exam) during the measurement year. | An important clinical component but can't be reported at this point. |
| 194 | Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy | 0088 | AMA-PCPI | Diabetes | Claims and Clinical Data | Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months | |

August 7, 2014-- The following measures have been reviewed by the workgroup and considered **NO**. These measures will be excluded from further consideration:

| Identifier (#) | Name of Measure | NQF # | Steward | Sub Domain | Data Source | Measure Description | Comments |
|----------------|---|-------|----------|------------|--------------------------|--|----------|
| 195 | Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care | 0089 | AMA-PCPI | Diabetes | Claims and Clinical Data | Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months | |

August 7, 2014-- The following measures have been reviewed by the workgroup and considered **NO**. These measures will be excluded from further consideration:

| Identifier (#) | Name of Measure | NQF # | Steward | Sub Domain | Data Source | Measure Description | Comments |
|----------------|---|---------------------------|--|------------|--------------------------|---|---|
| 29 | Comprehensive Diabetes Care (Composite Measure: CDC) | 0731 (no longer endorsed) | NCQA | Diabetes | Claims and Clinical Data | The percentage of patients 18–75 years of age with diabetes (type 1 and type 2) who had each of the following: - Hemoglobin A1c (HbA1c) testing (NQF#0057) - HbA1c poor control (>9.0%) (NQF#0059) - HbA1c control (<8.0%) (NQF#0575) - HbA1c control (<7.0%) for a selected population* - Eye exam (retinal) performed (NQF#0055) - LDL-C screening (NQF#0063) - LDL-C control (<100 mg/dL) (NQF#0064) - Medical attention for nephropathy (NQF#0062) - BP control (<140/90 mm Hg) (NQF#0061) - Smoking status and cessation advice or treatment | |
| 150 | Percentage of Adults (aged 18 years or older) with Diabetes Having Two or More A1c Tests in the Last Year | NA | Behavioral Risk Factor Surveillance System (BRFSS) | Diabetes | Survey | Percentage of Adults (aged 18 years or older) with Diabetes Having Two or More A1c Tests in the Last Year | This is patient-reported data. Very small response rate. Group selected NCQA HbA1c measure. |

August 7, 2014-- The following measures have been reviewed by the workgroup and considered **NO**. These measures will be excluded from further consideration:

| Identifier (#) | Name of Measure | NQF # | Steward | Sub Domain | Data Source | Measure Description | Comments |
|----------------|--|-------|---------------------------|----------------------|--------------------------|---|----------|
| 138 | Annual Pediatric Hemoglobin A1C Testing for Children/Adolescents with Diabetes | 0060 | NCQA | Diabetes | Claims and Clinical Data | Percentage of pediatric patients aged 5-17 years of age with diabetes who received an HbA1c test during the measurement year | |
| 221 | Diabetes: Appropriate Treatment of Hypertension | 0546 | Pharmacy Quality Alliance | Diabetes: BP | Clinical Data | The percentage of patients who were dispensed a medication for diabetes and hypertension that are receiving an angiotensin-converting -enzyme-inhibitor (ACEI) or angiotensin receptor blocker (ARB) or direct renin inhibitor (DRI) renin-angiotensin-antagonist medication. | |
| 40 | DM: BP <140/80 | NA | | Diabetes: BP | Claims and Clinical Data | Percent of individuals 18-75 years of age with type 1 or type 2 diabetes whose most recent BP was < 140/80 | |
| 127 | Alcohol/Drug Treatment Prevention | NA | Washington State-Defined | Drug and Alcohol Use | NA | Percent of adults identified as in need of drug or alcohol (AOD) treatment where treatment is provided during the measurement year | |

August 7, 2014-- The following measures have been reviewed by the workgroup and considered **NO**. **These measures will be excluded from further consideration:**

| Identifier (#) | Name of Measure | NQF # | Steward | Sub Domain | Data Source | Measure Description | Comments |
|----------------|--|-------|--------------------------|-------------------|-------------|--|---|
| 130 | Home and Community-based Long Term Services and Supports Use | NA | Washington State Defined | Functional Status | NA | Proportion of person-months receiving long-term services and supports (LTSS) associated with receipt of services in home- and community-based settings during the measurement year | Not sure of the size of the population or the data source because the measure is not yet implemented. |
| 63 | Improving or Maintaining Mental Health | NA | | Functional Status | Survey | Percent of Medicare Advantage members contacted for the Health Outcomes Survey whose mental health was the same or better than expected after two years. | Small population, unclear whether we have access to data, not very actionable |
| 64 | Improving or Maintaining Physical Health | NA | | Functional Status | Survey | Percent of Medicare Advantage members contacted for the Health Outcomes Survey whose physical health was the same or better than expected after two years. | Small population, unclear whether we have access to data, not very actionable |
| 75 | Monitoring Physical Activity | NA | | Functional Status | Survey | Percent of Medicare Advantage members contacted for the Health Outcomes Survey who discussed exercise with their doctor and were advised to start, increase or maintain their physical activity during the year. | Small population, unclear whether we have access to data, not very actionable |

August 7, 2014-- The following measures have been reviewed by the workgroup and considered **NO**. These measures will be excluded from further consideration:

| Identifier (#) | Name of Measure | NQF # | Steward | Sub Domain | Data Source | Measure Description | Comments |
|----------------|---|-------|----------|---|--------------------------|---|---|
| 115 | Urinary Incontinence/Improve Bladder Control | NA | | Functional Status | Survey | Sample of Medicare Advantage members contacted for the Health Outcomes Survey with a urine leakage problem who discussed the problem with their doctor and got treatment for it within 6 months. | Small population, unclear whether we have access to data, not very actionable |
| 214 | CAHPS® Home Health Care Survey | 0517 | CMS | Functional Status | Survey | CAHPS® Home Health Care Survey, also referred as the "CAHPS Home Health Care Survey" or "Home Health CAHPS" is a standardized survey instrument and data collection methodology for measuring home health patients' perspectives on their home health care in Medicare-certified home health care agencies. | Work Group recommended future consideration of adding functional status questions to CG-CAHPS and/or other CAHPS surveys that are implemented broadly within the state. |
| 54 | Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD) | 0083 | AMA-PCPI | Hypertension and Cardiovascular Disease | Claims and Clinical Data | % of patients aged 18 years+ with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) <40% who were prescribed beta-blocker therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge | small population |

August 7, 2014-- The following measures have been reviewed by the workgroup and considered **NO**. These measures will be excluded from further consideration:

| Identifier (#) | Name of Measure | NQF # | Steward | Sub Domain | Data Source | Measure Description | Comments |
|----------------|--|-------|---------|---|--------------------------|---|--|
| 26 | Cholesterol Management for Patients with Cardiovascular Conditions (LDL-C Control (< 100 mg/dL)) (CMC) | NA | NCQA | Hypertension and Cardiovascular Disease | Claims and Clinical Data | The percentage of members 18–75 years of age who were discharged alive for AMI, coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year, who had each of the following during the measurement year: • LDL-C control (<100 mg/dL). | Recommendation to consider a statin measure instead since the LDL guideline changed. |

August 7, 2014-- The following measures have been reviewed by the workgroup and considered **NO**. **These measures will be excluded from further consideration:**

| Identifier (#) | Name of Measure | NQF # | Steward | Sub Domain | Data Source | Measure Description | Comments |
|----------------|--|-------|---------|---------------------------------------|-------------|---|----------|
| 12 | Annual Monitoring for Patients on Persistent Medications | 0021 | NCQA | Medication Management and Generic Use | Claims | <p>The percentage of members 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year and at least one therapeutic monitoring event for the therapeutic agent in the measurement year. For each product line, report each of the four rates separately and as a total rate.</p> <ul style="list-style-type: none"> • Annual monitoring for members on angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB) • Annual monitoring for members on digoxin • Annual monitoring for members on diuretics • Annual monitoring for members on anticonvulsants • Total rate (the sum of the four numerators divided by the sum of the four denominators) | |

August 7, 2014-- The following measures have been reviewed by the workgroup and considered **NO**. **These measures will be excluded from further consideration:**

| Identifier (#) | Name of Measure | NQF # | Steward | Sub Domain | Data Source | Measure Description | Comments |
|----------------|--|-------|---------|------------|-------------|---|----------|
| 81 | Osteoporosis management: Members who had a fracture | NA | AMA | Other | Claims | This measure calculates the percentage of members age 50 years and older with a fracture of the hip, spine or distal radius that had a central DXA measurement or drug therapy to treat osteoporosis. | |

August 7, 2014-- The following topics/measures have been excluded from further consideration for the initial list of recommended of measures (“the starter kit”). However, they have been placed on a “parking lot” list which will be shared with the Performance Measurement Committee along with the initial list of recommended measures. This list reflects topics and/or specific measures that are considered very important for additional consideration and inclusion at a future date, dependent upon (1) the availability of one or more nationally vetted measures that are relevant for a broad cross section of the population, and (2) data that are readily available to enable measurement and reporting at the medical group, hospital, health plan and/or geographic (county) level. This list should be considered draft and will be revisited before final submission to the Performance Measurement Committee.

| Topic | Comments | Potential Measures for Future Consideration |
|---|---|--|
| 1. Diabetes: Blood Pressure and HbA1c Control | There is strong interest in measures that ascertain intermediate outcomes, however, there is recognition that we are currently unable to reliably measure outcomes utilizing clinical data from the electronic or paper medical record for a broad segment of provider organizations. | <ul style="list-style-type: none"> • Measure #30 (NQF #0061): The percentage of members 18-75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure (BP) reading is <140/90 mm Hg during the measurement year. • Measure #33 (NQF #0059): Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period. |
| 2. Diabetes composite measure: Optimal Care | The work group would like to see the inclusion of a nationally-vetted composite measure that includes outcomes at the point which the Alliance is able to measure all of the components of the measure. | |
| 3. Diabetes: ACE/ARB, Statins | The work group would like to see the inclusion of nationally-vetted measures to assess use of ACE inhibitor, angiotensin receptor blocker (ARB) and Statins in the diabetic population when they are developed. | |
| 4. Cardiovascular Disease: Blood Pressure Control | Same as above under #1 | <ul style="list-style-type: none"> • Measure #38 (NQF #0018): The percentage of patients 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90) during the measurement year. |
| 5. Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder Medication (ADD) | This is a claims-based measure. Considered very important but not as a priority for the starter set. Consider for future measure sets. | <ul style="list-style-type: none"> • Measure #50 (NQF #0108): Percentage of children newly prescribed ADHD medication that had at least three follow-up care visits within a 10-month period, one of which was within 30 days from the time the first ADHD medication was dispensed, including two rates: one for the initiation phase and one for the continuation and maintenance phase |

August 7, 2014—Parking Lot Topics (continued)

| Topic | Comments | Potential Measures for Future Consideration |
|--|--|---|
| 6. Functional Status | The work group would like to consider adding a functional status measure at a future date. Currently, there are no functional status measures in wide use with readily available data for measurement and reporting. | |
| 7. Additional asthma measures | The work group indicated interest in asthma measures related to adherence and outcomes going forward. With respect to outcomes, group expressed interest in utilization measures such as asthma hospital admission rates and ER utilization for asthma-related complications. Other outcome measures will require clinical data that we can't access at present. The work group would also like future consideration of a patient-experience asthma measure. | <ul style="list-style-type: none"> • Asthma Medication Ratio (AMR) (NQF #1800) (Measure #171) • Asthma: Pharmacologic Therapy (NQF #0047) (Measure #172) • Medication Management for People with Asthma (MMA) (NQF #1799) (Measure #71) • Suboptimal Asthma Control (SAC) and Absence of Controller Therapy (ACT) (NQF #0548) (Measure #173) • Relative Resource Use for People with Asthma (NQF #1560) (Measure #174)- for use at the medical group level and not the health plan level • Asthma: Assessment of Asthma Control (NQF#0001) (Measure #187) |
| 8. Additional COPD measures | The work group would like consideration of a measure of medication compliance and therapy in the future. | |
| 9. Screening and Control of depression | The work group would like future measure sets to include: Depression screening among patients with one or more chronic disease diagnoses Depression management through PHQ-9 results monitored over time | |